DEPARTMENT OF COMMERCE MISSOURI STATE BOARD OF HEALTH State Pile No. 28104 BUREAU OF THE CENSUS STANDARD CERTIFICATE OF DEATH PHYSICIANS should stat J SEP 10 19412 gistration District No. Primary Registration District No. 20 Registrar's No. 1. PLACE OF DEATH: 2. USUAL RESIDENCE OF DECEASED: Cole (a) County..... (b) City or town Jefferson Caty (a) State Missouri (b) County Cole statement of OCCUPATION is (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: (c) City or town Jefferson City, Missouri
(If outside city or town limits, write "RURAL") 1300 Moreau Drive (If not in hospital or institution, write street number or location) 1300 Moreau Drive (d) Length of stay: In hospital or institution.... (If rural, give location) (Specify whether AGE should be stated EXACTLY. 50 years In this community.\_\_ years, months or days) (e) If foreign born, how long in U. S. A.7. MEDICAL CERTIFICATION 8. (a) PRINT Martha Frances Clarke 20, DATE OF DEATH: Month Quoust day 8. (b) If veteran. 3. (c) Social Security vear 19 41 hour name war\_\_\_\_ No.\_\_\_\_ 21. I hereby certify that I attended the deceased from...... Exact august 016 1941. 5. Color or 6. (a) Single, widowed, married, 4. Sex female men white divorced WOOOW that I last saw hCR slive on <u>ئا £7. 19</u> properly classified. 6. (c) Age of husband or wife 6. (c) Age of husband or wife if and that death occurred on the date and hour stated above. Duration H.W.Charke Immediate cause of death Commence ! 14 das 7. Birth date of deceased June 25 1850 (Month) (Day) (Year) carefully supplied. 8. AGE: Years Months Days If less than one day Due to it may be Owen County, Knetucky 9. Birthplace (City, town, or county) (State or foreign country) housewife Other conditions. 10. Usual occupation.... (Include pregnancy within 3 months of death) 11. Industry or business... PHYSICIAN Major findings: 12. Name Barnard Van Daren Of operations. Underline the cause to Kentucky 13. Birthplace .... N. B.—Every Item of information of CAUSE OF DEATH in plain term which death Frances Rilev (State or foreign country) should be Of autopey\_\_\_ 14. Maiden name. charged statistically Kentuckv 15. Birthplace ... 22. If death was due to external causes, fill in the following: (City, town or county) (State or foreign country) 16. (a) Informant's own signature Callie (a) Accident, suicide, or homicide (specify)..... (b) Address Jefferson City. Missouri (b) Date of occurrence\_ (b) Date thereof Aug-20-1941 (c) Where did injury occur?... Burial (City or towa) (County) (Burial, cremation, or removal) (Month) (Day) (Year) (d) Did injury occur in or about home, on farm, in industrial place, in public place? (c) Place: burial or cremation River View Ceme tery 18. (a) Signature of funeral disenter A While at work? Means of injury. Jefferson/ 28. Signature (M. D. or other) Address Date signed (Date received local registrar) (Rogistrar's signature) crh (Licensed Embalmer's Statement on Reverse Sid

## STATEMENT BY LICENSED EMBALMER

	••		• •	49	
I hereby certify that the body whose name is record	ded on the reverse side of th	is certifieate was embali	ned by m	e. or by	·
I hereby certify that the body whose hame is recon-	•	/ /			
	//		intice No	·····	
working under my personal supervision.		VIAND		_	
•	. Signed	m. 4.5	oro	lon	
	- Igirea.			-	,-,,

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWALTING. (Failure to comply wi the above constitutes grounds for revocation of license.)

Licensed Embassiner No

If this body is not embalmed, above space should be left blank.

-8-21-41 I X29288 WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

No. 2B

DEPARTMENT OF COMMERCE BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

2. USUAL RESIDENCE OF DECEASED:

State	File	No.	8	10	¥

Ш	R	egistratio	n Die	trict No		
H	=		=		Ť	4
Ш	1.	PLACE	OF	DEATH:	10	<i>/</i> .

Primary Registration District No. 30/4

Registrar's No ....

(a) County	43.00	
(b) City or town	(a) State	
(If outside city or town limits, write "RURAL" and name of township) (c) Name of hospital or institution:	(c) City or town	
j .		
(If not in hospital or institution, write street number or location)	(d) Street No	
(d) Length of stay: In hospital or institution		
(Specify whether	(e) Citizen of foreign country?	(Yes or No)
In this community	If yes, name country	
A A A A		
3. (a) PRINT Malla J. Parlee	MEDICAL CERTIFICATION	
3. (b) If veteran, 3. (c) Social Security	20. DATE OF DEATH: Month way on moute	
name war		
2 5. Color or 6. (a) Single, widowed, married,	21. I hereby certify that introduced the decraped from	
$1  \cdot  \cdot  \cdot  \cdot  \cdot  \cdot  \cdot  \cdot  \cdot  $		; 19;
6. (b) Name of husband or wife 6. (c) Age of husband or wife if	that Hardwe had been been been been been been been bee	; 19
6. (b) Name of husband or wife	and that death occurred on the date and hour stated above.	D
alive years	Normediale Carge de Beath Columnia	Duration
7. Birth date of deceased		
(Month) (Day) (Yah)	Brenghar	
	U DOWN OND	
8. AGE: Years Months Days If less than one day	Due to.	
min.		******
0. Birtheles	Due to	***************************************
9. Birthplace (City, byn, odceunty) (State or foreign country)		
10. Usual occupation	Other conditions.	
	(Include pregnancy within 3 months of death)	
11. Industry of business		PHYSICIAN
質 (12. Name )	Major findings: Of operations	
		Underline
(City, town, or county) (State or foreign country)		the cause to which death
	Of autopsy	should be
14. Maiden name.		charged sta- tistically.
14. Maiden name		tivicany.
(City, town, or county) (State or foreign country)	22. If death was due to external causes, fill in the following:	
16. (a) Informant	(a) Accident, suicide, or homicide (specify)	*******************************
(b) Address	(b) Date of occurrence	••••••
17 (a) (b) Date thereof	(c) Where did injury occur? (City or town) (County)	
17. (a)(Burial, cremation, or removal) (b) Date thereof(Month) (Dny) (Year)	(City or town) (County)  (d) Did injury occur in or about home, on farm, in industrial place, in p	(State)
(c) Place: burial or cremation.	(o) Did tajury occur in or about nome, on farm, in industrial place, in p	uone placer
	(Specific Aspect of Specific	<del></del>
18. (a) Signature of funeral director	(Specify type of place) While at work?(e) Means of injury	•••••
(b) Address	A. 67	
19. (a)	23. Signature (M. D. or of	(ner)
(Date received local registrar) (Registrar's signature)	Address	<u>d.,</u> ,

## CTANDADD CEDTIFICATE OF DEATH

No. 2B -8-21-41	DEPARTMENT OF COMMERCE BURBAU OF THE CENSUS	BOARD OF HEALTH	~ ~	28104	
l X29288	Registration District No8/3	Primary Registration Dist		State File No	
ECORD	1. PLACE OF DEATH  (a) County	son lite	2. USUAL RESIDENCE OF DECE (a) State	EASED:	
PERMANENT RECORD	(If not in hospital or institution, write  (d) Length of stay: In hospital or institution	street number or location)	(d) Street No(f outside	(Ifrural, give location)	······································
¥	In this community years, months or days)  3. (a) PRINT Martha 7  FULL NAME Martha 7  3. (b) If veteran.	Olarlae 3. (c) Social Security	If yes, name country	CERTIFICATION	7
INK-MAKE	name war.  5. Color or race		year hour 21. I hereby certify that i settended the	16-1	
WRITE PLAINLY—USE UNFADING BLACK INK	Name of husband or wife		that I large aw hit whye on land that death occurred on the date a	ind hour stated above.	Duration
		ays of less than one day min.	Due to		
	9. Birthplace	(State or foreign country)	Other conditions		
	12. Name	(State or foreign country)	Major findings: Of operations		Underline the cause to which death
	14. Maiden name	(State or foreign country)	22. If death was due to external cause (a) Accident, suicide, or homicide (sp	es, fill in the following:	charged sta- tistically.
I₩	(b) Address (b) Da (Burial, cremation, or removal)	te thereof	(b) Date of occurrence	(City or town) (Coun	ity) (State)
	(c) Place: burial or cremation		While at work? (Spec		
	19. (a) 8-19-4 (b) (b) (Date received local registrar)	(Registrar's signature)	Address	•	•